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Navy & Marine Corps Medical News (MEDNEWS)  
#97-04  
24 January 1997

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Headline: Fleet Hospital Bremerton Deploys to Haiti

BREMERTON, WA -- Thirty-seven staff members from Naval Hospital Bremerton and three from Naval Hospital Oak Harbor will depart February 24 for a six-month deployment to Haiti in support of the United Nations Support Mission In Haiti (UNSMIH).

The deploying staff are all members of Fleet Hospital Bremerton; made up primarily of physicians, nurses, corpsmen and technicians. In addition, ten other military personnel from the Marine Corps, Army and other Navy commands will join the group. These individuals will provide support in such diversified areas as dental, veterinarian (food inspection), drivers, security and telemedicine.

"Our Fleet Hospital will be replacing the Marines "A" Surgical Company, 2nd Medical Battalion, in a dual mission which will provide health service and evacuation support to about 1,600 United States Support Group Haiti and UNSMIH military and civilian personnel," said CAPT Brian G. Brannman, commanding officer of Fleet Hospital Bremerton.

Incidentally, the deployment coincides with the beginning of a 10-day training program which has Fleet Hospital personnel scheduled for training at Camp Pendelton, CA, explained Brannman.

The entire Fleet Hospital staff was scheduled to participate in 'hands-on' training in the construction and use of the 'TEMPER' tents (double-walled, modular, extendible, hospital tents) and the hard-wall expandable shelters that make up the physical field hospital structures.

Fortunately, the group going to Haiti will occupy a field hospital compound already in place, consisting of seven TEMPER tents positioned inside a warehouse structure.

The remaining 176 personnel will participate in the 10-day training," said the hospital's Head of Plans and Operations, LT Nancy Franze.

Taking Naval Hospital staff away for the 10-day training and the six-month deployment, will not cause a problem with patient care, said Brannman because the Naval Reserve will back-fill wherever needed.

"The 37 positions tapped for the deployment are spread throughout the hospital, so there is no great impact on any one area," said Brannman

"We are pulling in people from all over the U.S. as well as locally, to fill the roles of those personnel who will be at Camp Pendelton," said LCDR Debra Brauchler, Reserve Liaison Officer.

In what was the first of several planned briefings, Brannman told the deploying staff, most of whom volunteered for the mission, "We're going there (Haiti) to help a nation devastated by extreme poverty. It's a demanding job, a great mission, and something we can all come back home feeling proud of."

By Judith A. Robertson, Public Affairs Office, NH Bremerton  
-USN-

Headline: Hospital Corpsman goes Hollywood

ROOSEVELT ROADS, PR -- A Hospital Corpsman assigned to the Naval Hospital at Roosevelt Roads, Puerto Rico recently had a once-in-a-life-time opportunity to act in a Hollywood produced movie called "Terminal Force II 2112."

HM3 Chris Hovermill, along with others from the Naval Station, tried out and were selected for parts in the movie. Of the fifty would-be stars, Hovermill was selected to play the role of a Marine.

The movie's futuristic plot focuses on the year 2112, sometime after the 3rd World War. Hovermill's character and the others venture out in to space to seek a more hospitable living condition. Apparently the Earth's Ozone had been so heavily damaged by nuclear warfare that the oxygen content was dangerously low. Earth has been converted into a prison camp. Time and the changing environment causes the prisoners to evolve. You will have to see the movie when it hits the box office if you want to know what happens to Hovermill's character and the crew.

Hovermill, excited by this dream come true, was duly impressed by the professional actors and actresses he worked alongside. "They were really interested in our jobs as Sailors in the Navy," he said, "They asked many questions about our daily lives and our views on worldly issues."

Movie goers will have to keep an eye out for this release. Meanwhile, Hovermill will continue to perform his duties as a corpsman at the Naval Hospital. Unless of course, Hollywood calls again.

By LT Andy Davidson, PAO, Naval Hospital Roosevelt Roads  
-USN-

Headline: USNH Okinawa Recycling Program Saves Big Bucks

OKINAWA, JAPAN -- In an effort to reduce costs and hazardous waste at the U.S. Naval Hospital, Okinawa, Japan, the histology laboratory has created a recycling program for chemicals they use routinely.

The histology laboratory uses many chemicals in processing pathology specimens (testing tissue samples). According to Hospital Corpsman First Class Lawrence Faucette, histology laboratory leading petty officer, these chemicals are expensive to purchase, and their disposal has been costly and potentially hazardous to the environment.

"Traditionally, we buy chemicals that we use on a daily basis. We use them once, they become contaminated, and then they get sent out for disposal," said Faucette.

Faucette, who was instrumental in developing the program here, introduced the idea of recycling chemicals in the laboratory. Recycling the chemicals is done by using a machine that uses the boiling point of chemicals to burn off waste. The chemicals can be recycled with the current equipment in the laboratory, said Faucette.

"I first learned about the equipment 12 years ago when I was working at a research facility," said Faucette. "Since then, I've started the same type of program everywhere I've gone. This command was, actually, the easiest to sell on the program."

Most Navy medical facilities in the United States have these type of recycling programs in place.

The hospital in Okinawa began its program three months ago, one year after the idea was first introduced by Faucette. It was originally estimated that recycling chemicals in the lab would save the hospital \$24,500 annually. However, it actually saved \$27,000 in the first quarter it was used.

Along with the significant financial benefits of the program, the initial program has decreased the amount of chemicals being disposed by 40 percent.

Another recycling program that could potentially reduce this amount by another 50 percent is currently being evaluated. This would produce even greater benefits for the command and the environment.

By LCpl Thomas H. Champion, USMC, Marine Corps Base Camp S.D. Butler

-USN-

Headline: Reserve "M" Device Explained

WASHINGTON, DC -- Confusion reigns over who can wear the new "M" device for mobilized reservists, Defense officials said.

Defense Secretary William J. Perry said President Clinton authorized the device more than four months ago to "recognize the sacrifice of our National Guard and reserve

people who are mobilized as part of the total force."

Defense officials estimate 282,000 reserve component members are authorized to wear the bronze "M" device on the Armed Forces Reserve Medal.

Air Force COL Fred Reinero, director of military personnel at DoD reserve affairs, said reserve component members who served in support of a contingency operation on or after August 1, 1990, can wear the device. That is limited to the Persian Gulf War, Operation Restore Hope in Somalia, Operation Uphold Democracy in Haiti and Operation Joint Endeavor in Bosnia.

The "M" device can be awarded to any guardsman or reservist who served at least one day of active duty in support of a contingency operation; it does not matter whether the member volunteered for duty or deployed to the theater of operations.

Reinero said members in Active Guard and Reserve or temporary active reserve status also qualify, but only if they received military orders changing their current duty status or their duty location or assignment to support a qualifying contingency mission.

The "M" device can be awarded once for any single operation. However, the "M" device may be awarded more than once to members who support more than one contingency mission. According to Reinero, reserve component service members who served in Saudi Arabia during the Persian Gulf War, then supported missions in Somalia, Haiti or Bosnia, qualify for multiple awards. After the first award of the "M" device, qualifying individuals receive an Arabic numeral indicating the number of times the device has been awarded. The numeral is worn on the Armed Forces Reserve Medal ribbon to the left of the "M" device.

Reinero said department guidance on the "M" device made other changes in the wearing of the Armed Forces Reserve Medal. Before, the medal was awarded after 10 years of satisfactory military service in one or more reserve component. The so-called "hourglass device" represented succeeding 10-year periods of service.

Now, the rules for the hourglass award have been changed to distinguish between members who earn the Armed Forces Reserve Medal for 10 years of reserve service and those who earn the medal for serving in a contingency operation.

Under the new guidelines, Reinero said, a bronze hourglass now represents the first 10 years of reserve service. A silver hourglass denotes the second 10 years of service and a gold hourglass, the third 10-year period. Guard and reserve members who complete 40 years of reserve service will now wear both gold and bronze hourglasses on the Armed Forces Reserve Medal.

Officials will change the DoD Manual of Military Decorations and Awards to prescribe the appropriate wearing of both the "M" and hourglass devices on the Armed Forces Reserve Medal. The revised manual is expected out soon.

By Maj. Donna Miles, USAR, American Forces Press Service  
-USN-

Headline: HEALTHWATCH: Little Known Facts About Calcium

WASHINGTON, DC -- Most people are familiar with the advertisements that proclaim, "Milk...it does the body good." But do you really know why it does the body good?

Calcium is the most abundant mineral in the human body. About 99 percent of the body's calcium is in the bones, and the rest is in the soft tissues. Most people know that calcium is needed for building and maintaining bones and teeth. But did you know that calcium also:

- helps regulate the heartbeat (along with magnesium),
- helps the blood clot and maintain a balance of acid and alkali,
- helps muscles grow and contract,
- helps nerves transmit,
- helps the body use iron,
- helps activate several enzymes (so other nutrients can function),
- helps regulate the passage of nutrients in and out of the cell walls.

Whew, that's a lot of work for a little mineral.

The calcium that does all this work circulates in the blood, and the body regulates the level of blood calcium very carefully. Extra calcium is stored in the bones, where it can be released quickly if the levels of calcium in the blood drops too low.

Despite its importance, calcium is available in significant amounts from very few foods. Most people think of dairy products as sources of calcium. Milk, yogurt, hard cheeses, and cottage cheese are excellent sources, but not all sources of dairy products are good sources of calcium. For example, butter, sour cream and cream cheese contain minimal amounts of the mineral. Non-dairy sources of calcium include broccoli, dark green leafy vegetables, tofu, beans, peas, lentils and canned fish with soft edible bones.

As you get older, your body's ability to absorb nutrients declines, so you need to take more calcium. On the other hand, too much calcium in your diet can result in hypercalcemia, an excessive build-up of calcium in the bones and some tissues such as the kidneys. People who rely on tablets or other supplements to supply calcium, instead of relying on dietary sources, may be more prone to this condition.

When it comes to calcium, as well as other important nutrients, the best advice is to eat a varied but balanced diet that's rich in complex carbohydrates, low in fat, and includes moderate amounts of protein.

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail address

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